

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>5/19/05</u>		2 Serial/Patent # <u>10 516934</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
<input checked="" type="checkbox"/>	Other <u>over charge</u>			\$ 100							
		7 TOTAL AMOUNT OF REFUND		\$ 100							
10 REASON:		8 TO BE REFUNDED BY:									
		Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">5</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">0</td> </tr> </table>			1	5	--	0	0	3	0
1	5	--	0	0	3	0					
	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>L. Hunter</u>		TITLE: <u>Patent Agent</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>205-9790 x201</u>									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**